


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 046 ****61.25

DOCUMENT # N96000001988					
1. Entity Name FOREST LAKE SOCIAL CLUB, INC.					
Principal Place of Business 6355 SPRING LAKE CIRCLE ZEPHYRHILLS, FL 33540			Mailing Address 6355 SPRING LAKE CIRCLE ZEPHYRHILLS, FL 33540		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3143131	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EVANS, DOLORES 5849 TWILIGHT DRIVE ZEPHYRHILLS, FL 33540			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAFFLEY, ANN	NAME			
STREET ADDRESS	5729 VIAN WAY	STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MGINNIS, NANCY	NAME	JOAN Bilinski		
STREET ADDRESS	5731 VIAV WAY	STREET ADDRESS	5633 VIAN WAY		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	S <input type="checkbox"/> Delete	TITLE	Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARCELLA, DONNA	NAME	MARCELLA, DONNA		
STREET ADDRESS	6355 SPRING LK CIR	STREET ADDRESS	6125 Jessup Dr		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	YESTA, NORA	NAME			
STREET ADDRESS	6060 JESSUP DR	STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	LAPANNE, EILEEN	NAME			
STREET ADDRESS	6033 PRESIDENTIAL CIR	STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WARD, SOPHIA	NAME	CONNIE ALKINS		
STREET ADDRESS	5936 UTOPIA DR	STREET ADDRESS	5915 BENZ DR		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	Zephyrhills, FL 33540		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X <i>Ann M. Haffley</i> ANN Haffley X			Date		813-783-8202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #